It’s Never Too Late For Prevention: Evidence-Based Health Programs

Kristie Patton, MSW
Today’s Agenda

- About NCOA
- Key Trends: Older Adults and Health
- Evidence-Based Health Promotion
  - What it is
- Evidence-Based Program Example
  - Chronic Disease Self-Management Program
NCOA - National Council on Aging

NCOA is a nonprofit service and advocacy organization.

Our mission is to improve the lives of millions of older adults, especially those who are vulnerable and disadvantaged.
Population 60+ by Age: 1900-2050

Source: U.S. Bureau of the Census
Trend: Growing Epidemic of Chronic Diseases

Source: Medical Expenditure Panel Survey, 2006
Trend: Changing Nature of Health Care
Trend: Changing Nature of Health Care
Trend: Growing Emphasis on Staying Healthy
Key Risks for Chronic Conditions

- Smoking
- Poor diet & nutrition
- Physical inactivity
- Falls
- Alcohol & substance abuse
- Stress
- Social isolation

30%: genetics, access to health care, etc.

70%: behavior and environmental factors
“Even the highest quality provision of care to individuals with multiple chronic conditions (MCC) alone will not guarantee improved health outcomes for this population. Individuals must be informed, motivated, and involved as partners in their own care. Self-care management can be important in managing risk factors that lead to the development of additional chronic conditions.”

*DHHS MCC Framework*
Chronic Disease Self-Management Means...

- Taking care of your illness (using medicines, exercise, diet, technology, physician partnership)
- Carrying out normal activities (employment, chores, social life)
- Managing emotional changes (anger, uncertainty about the future, changed expectations and goals, and depression)
“Honest, Doc – if I’d known I was gonna live this long, I’d have taken better care of myself...”
What is Evidence?

- Evidence that a health issue exists
  - SOMETHING should be done

- Evidence that programs are effective
  - THIS program should be done

- Evidence about design, context, and attractiveness of program
  - This is HOW it should be done
Common Program Elements

- Make the new behavior as easy to do as possible
- Help participants develop individualized action plans or routines
- Provide structured reinforcement to monitor (and celebrate!) progress
- Provide support through group-based programming
- Use peers to help reinforce desired behavior
Multi-Sector Collaboration

- Public, Private, National, Regional, Local
  - Aging
  - Public health
  - Mental health
  - Health care
  - Housing
  - Education
  - Employment
  - Academia
  - Philanthropy
Some Evidence-Based Health Promotion Programs for Older Adults

PHYSICAL ACTIVITY
- AF Exercise
- EnhanceFitness
- EnhanceWellness
- Fit and Strong!
- Healthy Moves
- Stepping On
- Tai Chi
- Walk with Ease

DEPRESSION MANAGEMENT
- Healthy IDEAS
- PEARLS

FALL RISK REDUCTION
- A Matter of Balance

NUTRITION
- Healthy Eating

DRUG AND ALCOHOL
- Brief Interventions for Alcohol Misuse
- Medication Management Improvement System (MMIS)
Stanford University’s Chronic Disease Self-Management Program (CDSMP)

- **Background**
  - Over 20 years of proven impact
  - ‘Gold standard’ of evidence-based programming
  - Offered locally and worldwide
CDSMP – A Proven Program

- Premise – people with ongoing health conditions
  - Have similar concerns and problems
  - Deal not only with their condition, but its impact on their lives on emotions
  - Can teach the workshop as effectively as health professionals
CDSMP – A Proven Program

- Program basics
  - Six weekly sessions
  - Peer facilitated
  - Opportunities for discussion and problem solving

- Workshop topics include:
  - Exercise and nutrition
  - Medication usage
  - Stress management
  - Talking with your doctor
  - Dealing with emotions and depression
CDSMP – A Proven Program

- Skill-building components
  - Goal setting
  - Brainstorming
  - Problem solving
  - Feedback and sharing
CDSMP – A Proven Program

- The benefits of CDSMP:
  - Better health
  - Reduced healthcare spending
  - Improved quality of life

Participants regain control of their life and do the things that matter to them!
CDSMP Participants Reached

- More than 130,000 participants enrolled in CDSMP!
CDSMP Participant Racial/Ethnic Demographics

- White: 66.9%
- African American: 20.8%
- Hispanic/Latino: 17.8%
- Asian: 3.5%
- Native American/Pacific Islander: 2.6%
- Other/Multi-Racial: 6.2%
- Unknown: 17.4%

% of Participants
CDSMP Participant Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percent of Total</th>
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<tbody>
<tr>
<td>Age 60+</td>
<td>74%</td>
</tr>
<tr>
<td>Gender Female</td>
<td>78%</td>
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<tr>
<td>Living Alone</td>
<td>46%</td>
</tr>
<tr>
<td>Racial/Ethnic Minority Group</td>
<td>34%</td>
</tr>
<tr>
<td>Multiple Chronic Conditions</td>
<td>60%</td>
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</tbody>
</table>
CDSMP Implementation Sites

- More than 9,115 workshops held at over 5,700 unique implementation sites

% of Workshops

- Senior Center: 29%
- Health Care Organization: 24%
- Residential Facility: 22%
- Faith-Based Organization: 17%
- Other: 8%
Thank You!

Kristie Patton, MSW
kristie.patton@ncoa.org
Visit our Website:
www.ncoa.org